

# 21st Century General Agency Auto Endorsement Form

(Change Request Form)

**\* IMPORTANT: This Form Must be SIGNED and DATED Below.**

Insured: \_\_\_\_\_ Policy No: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

**DELETED VEHICLE:**

YEAR	MAKE	MODEL	VIN #	YEAR	MAKE	MODEL	VIN #

**ADD VEHICLE:** Refer to Underwriting Guide for Inspection Requirements

YEAR	MAKE	MODEL	Vehicle Identification Number	Cost New	ACV	Symbol	Mo/Yr Purchased	* Change in Coverage
								<input type="radio"/> YES <input type="radio"/> NO
								<input type="radio"/> YES <input type="radio"/> NO

**SPECIAL EQUIPMENT:** Indicate Which Vehicle: \_\_\_\_\_ \* Indicate Change in Coverage Below.

Description (Including Cost): \_\_\_\_\_

**CHANGE / ADD LIENHOLDER:** Year / Make of Vehicle: \_\_\_\_\_

Leinholder Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CHANGE COVERAGE:** Deleting UM or PIP Requires Signed Rejection

**A= ADD    D= DELETE    N= NO CHANGE**

A D N	Year	Make	Model	LIABILTY (Indicate Limit)	UM / UIM BI *	UM / UIM PD *	P= PIP M= MED PAY (Indicate Limit)	O.T.C. (Indicate Deductible)	COLLISION (Indicate Deductible)

\* Limit MUST be Same as Liability Limits. PD NOT Available without BI.

**ADDITIONAL DRIVER:** If Deleting a Driver, 515A Exclusion MUST be Signed.

Full Name	D.O.B.	Sex	Marital Status	Drivers License #	State	# Months Prior Insur **	# Years Driving Exp	SR-22	Relation to Insured	Physical Impairment (Describe)
								<input type="radio"/> YES <input type="radio"/> NO		
								<input type="radio"/> YES <input type="radio"/> NO		

\*\* If Eligible for Prior Insurance Discount, Proof of Prior Insurance MUST be Attached.

**ADDRESS CHANGE:** New Territory (If Changed)

New Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New Garaging Address (If Different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

Date: \_\_\_\_\_ Insured: X \_\_\_\_\_ Agent: X \_\_\_\_\_

\* IMPORTANT, Be sure to Date ALL Items Requested Below.

Policy Number: \_\_\_\_\_ Insured: \_\_\_\_\_

### CANCELLATION REQUEST

Effective Date of Cancellation: \_\_\_\_\_ 12:01 AM

The Undersigned Agrees that the above Referenced Policy is Lost, Destroyed or being Retained. No Claims of any type will be made against the Insurance Company, it's Agents or Representatives under this Policy for Losses which Occur after the Date of Cancellation shown above. Any Premium Adjustment will be made in Accordance with the Terms and Conditions of this Policy.

Date: \_\_\_\_\_ Signature of Insured: X \_\_\_\_\_

### PERSONAL INJURY PROTECTION-REJECTION MUST BE SIGNED IF NOT DESIRED

I Understand and Hereby Reject the PERSONAL INJURY PROTECTION Coverage as Provided for by Article 5.063 of the Texas Insurance Code. I Understand that this Rejection also Applies to ALL Future Renewals and Rewrites of the Policy and ALL Future Policies Issued to me by the Company because of Change of Vehicle or Coverage, or because of an Interruption of Coverage, until I Notify the Company, IN WRITING, that Thereafter PERSONAL INJURY PROTECTION is Desired.

Date: \_\_\_\_\_ Signature of Insured: X \_\_\_\_\_

### UNINSURED / UNDERINSURED MOTORIST COVERAGE

In Accordance with the Provisions of Article 5.06-1 of the Texas Insurance Code, I have been given the Opportunity to Purchase UNINSURED / UNDERINSURED MOTORISTS COVERAGE in Amounts up to the Automobile Liability Coverage Limit I have on this Policy, and I have also been given the Right to Reject UNINSURED / UNDERINSURED MOTORISTS COVERAGE and have made the Following Choice, (Choose ONLY One):

- I Hereby Reject UNINSURED / UNDERINSURED MOTORISTS COVERAGE in it's Entirety.
- I Hereby Reject UNINSURED / UNDERINSURED MOTORISTS COVERAGE as Respects Property Damage Liability Coverage in it's Entirety.
- I Have Chosen to Accpet the Following Limits: \_\_\_\_\_ Bodily Injury \_\_\_\_\_ Property Damage

The Rejection Indicated above shall apply to this Policy and to all Future Renewals or Rewrites of such Policy and all Future Policies Issued to me by this Company because of Vehicle or Coverage until I Notify th Company, in Writing, that Thereafter UNINSURED / UNDERINSURED MOTORISTS COVERAGE is Desired.

Date: \_\_\_\_\_ Signature of Insured: X \_\_\_\_\_

### 515A EXCLUSION OF NAMED DRIVER AND PARTIAL REJECTION OF COVERAGES

This Endorsement Forms a part of Policy No. \_\_\_\_\_ Issued to \_\_\_\_\_

by Old American Couny Mutual Fire Insurn\ance Company located in DALLAS, TX. and is Effective from this Date: \_\_\_\_\_

*\*(The Information above is Required ONLY when this Endorsement is Issued Subsequent to Preparation of the Policy)*

This Endorsement forms a part of the Policy to Which Attached, Effective from its Date of Issue Unless otherwise stated herein.

### WARNING: READ THIS ENDORSEMENT CAREFULLY !!

This Acknowledgement and Rejection is Applicable to all Renewals Issued by us or any Affiliated Insurer. However, we must Provide a Notice with each Renewal as Follows: "This Policy Contains a Named Driver Exclusion."

You Agree that None of the Insurance Coverage Afforded by this Policy shall Apply while:

**The Excluded Driver:** \_\_\_\_\_ Is Operating your Covered Auto or any other Motor Vehicle.

You Further Agree that this Endorsement will also Serve as a Rejection of UNINSURED / UNDERINSURED MOTORISTS COVERAGE and PERSONAL INJURY PROTECTION while your Covered Auto or any other Motor Vehicle is Operated by the Excluded Driver.

Date: \_\_\_\_\_ Acknowledged by: (Name of Insured) \_\_\_\_\_